

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY -
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY
PERMIT
WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No: 11122201-2022

Tax ID: 22825

Issued To: JOSEPH P HAMILTON

Location: SW SE LESS STRIP OF LAND Section 22
ON W SIDE IN DOC 2017R-569531

Township 45 N.

Range 05 W.

LINCOLN

Govt Lot 0

Lot

Block

Subdivision:

CSM#

For: Residential / Detached Garage / 10L x 15W x 11H

Condition(s): Existing structure to be for storage only. Not for human habitation or Sleeping Purposes. No Plumbing Allowed. For personal storage only.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

Mckenzie Slack

Authorized Issuing Official

Tue Nov 15 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
SEP 22 2022
Bayfield Co.
Planning and Zoning Agency

Permit #:	22-1312	ENTERED
Date:	11-18-2022	9/23
Amount Paid:	520 - CC	10/11
Other:	BA 175 - CC	9/23
Refund:		

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Joseph P Hamilton</u>	Mailing Address: <u>1103 CLARK CT GRAFTON WI 53024</u>	City/State/Zip: <u>GRAFTON WI 53024</u>	Telephone: _____
Address of Property: <u>28706 E ALTIMOR RD</u>		City/State/Zip: <u>MAISON WI 54856</u>	Cell Phone: <u>262-366-0536</u>
Email: (print clearly) <u>Joe + JoeRookie22@yahoo.com</u>			
Contractor: <u>R.TOLA INC</u>	Contractor Phone: <u>715-278-3824</u>	Plumber: <u>SUPERIOR PLUMBING</u>	Plumber Phone: <u>715-413-0300</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____		Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: <u>Legal Description: (Use Tax Statement)</u>		Tax ID# <u>22825</u>	Recorded Document: (Showing Ownership) <u>2017R-569531</u>
<u>SW 1/4, SE 1/4</u>	Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ CSM Doc # _____ Lot(s) # _____ Block # _____	Subdivision: _____	
Section <u>22</u> , Township <u>45N</u> N, Range <u>5</u> W		Town of: <u>LINCOLN</u>	Lot Size <u>39</u> Acreage <u>39</u>

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$135K	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> _____	Use <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if addition, alteration or business is being applied for)	Length: _____	Width: _____	Height: _____
Proposed Construction: (overall dimensions)	Length: <u>36</u>	Width: <u>16</u>	Height: <u>18</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(36 X 16)	576
		with Loft	(36 X 16)	576
		with a Porch	(16 X 32)	512
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) <u>Basement</u>	(16 X 36)	576

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.
Owner(s): _____ Date: 9-22-22
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ (See Note below) Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 1103 CLARK CT GRAFTON WI 53024
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction

(2) Show / Indicate:

North (N) on Plot Plan

(3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)

(4) Show:

All Existing Structures on your Property

(5) Show:

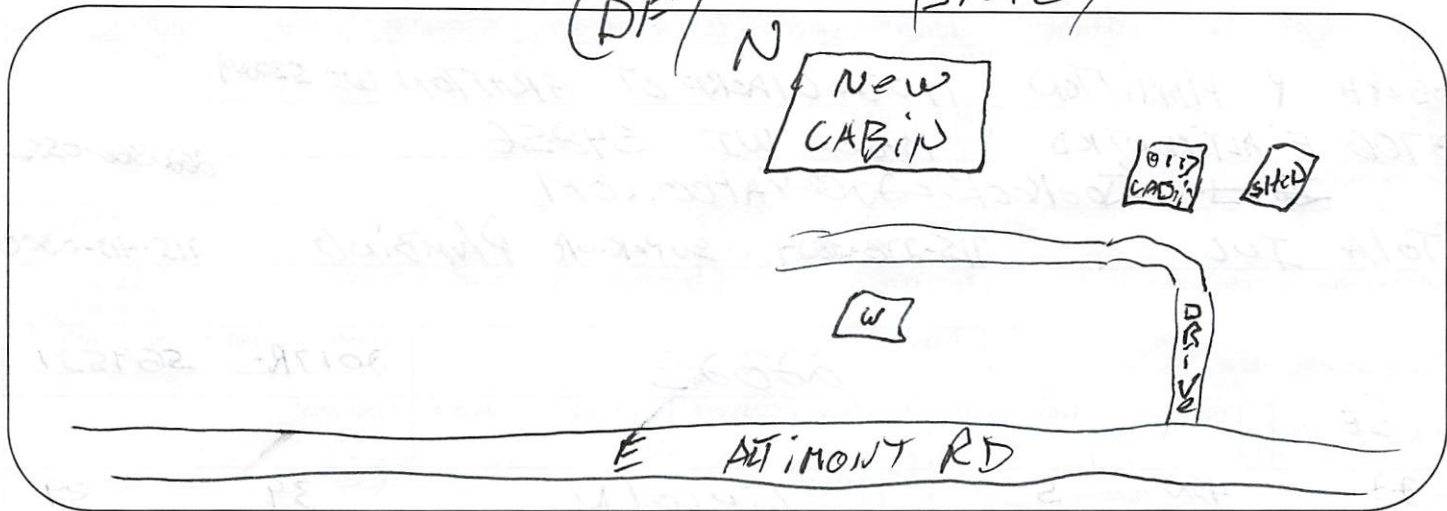
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%
- Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	200	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	200	Feet	Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	1020	Feet		
Setback from the South Lot Line	290	Feet	Setback from Wetland	700 Feet
Setback from the West Lot Line	470	Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	400	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank		Feet	Setback to Well	40 Feet
Setback to Drain Field	40	Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 22-1565	# of bedrooms: 2	Sanitary Date: 10/27/2022
Permit Denied (Date):		Reason for Denial:		
Permit #:		Permit Date:		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: Staked - no concerns			Zoning District (F1)	
			Lakes Classification (-)	
Date of Inspection: 9/30/22		Inspected by: MS		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
To meet all setbacks including eaves and overhangs. obtain udc permit. Town/stake/DNR permits may be required.				
Signature of Inspector: [Signature]				Date of Approval: 10/31/22
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

ENTERED
10-27

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 - Washburn, WI 54891
Phone - (715) 373-6138
Fax - (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

RECEIVED

OCT 26 2022

Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) (front/back). This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner JOSEPH P HAMILTON Contractor R. TOLA INC

Property Address 2826 E. ATTIMONT RD Authorized Agent _____

MASON (LINCOLN) WI Agent's Telephone _____

Telephone 262-366-0536 Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request (specify only the property involved with this application)

____ 1/4 of ____ 1/4, Section ____ Township ____ N., Range ____ W. Town of LINCOLN

Govt. Lot ____ Lot ____ Block ____ Subdivision ____ CSM# ____

Volume ____ Page ____ of Deeds Tax I.D.# 22825 Acreage 39

Additional Legal Description: _____

Applicant: (State what you are asking for) Zoning District: FA Lakes Classification _____

WE ARE LOOKING TO BUILD A LARGER/SHARPER CABIN
JUST WEST OF THE EXISTING CABIN.

We, the Town Board, TOWN OF Lincoln, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

In compliance with our Land Use Plan

** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department not a copy or fax

** NOTE:

Receiving Town Board approval, does not allow the start of construction or business, you must first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018
ul/forms/townboardrecommendation-ClassA

Signed:

Chairman: [Signature]

Supervisor: [Signature]

Supervisor: [Signature]

Supervisor: _____

Clerk: [Signature]

Date: 10/18/2022

Bayfield County, WI



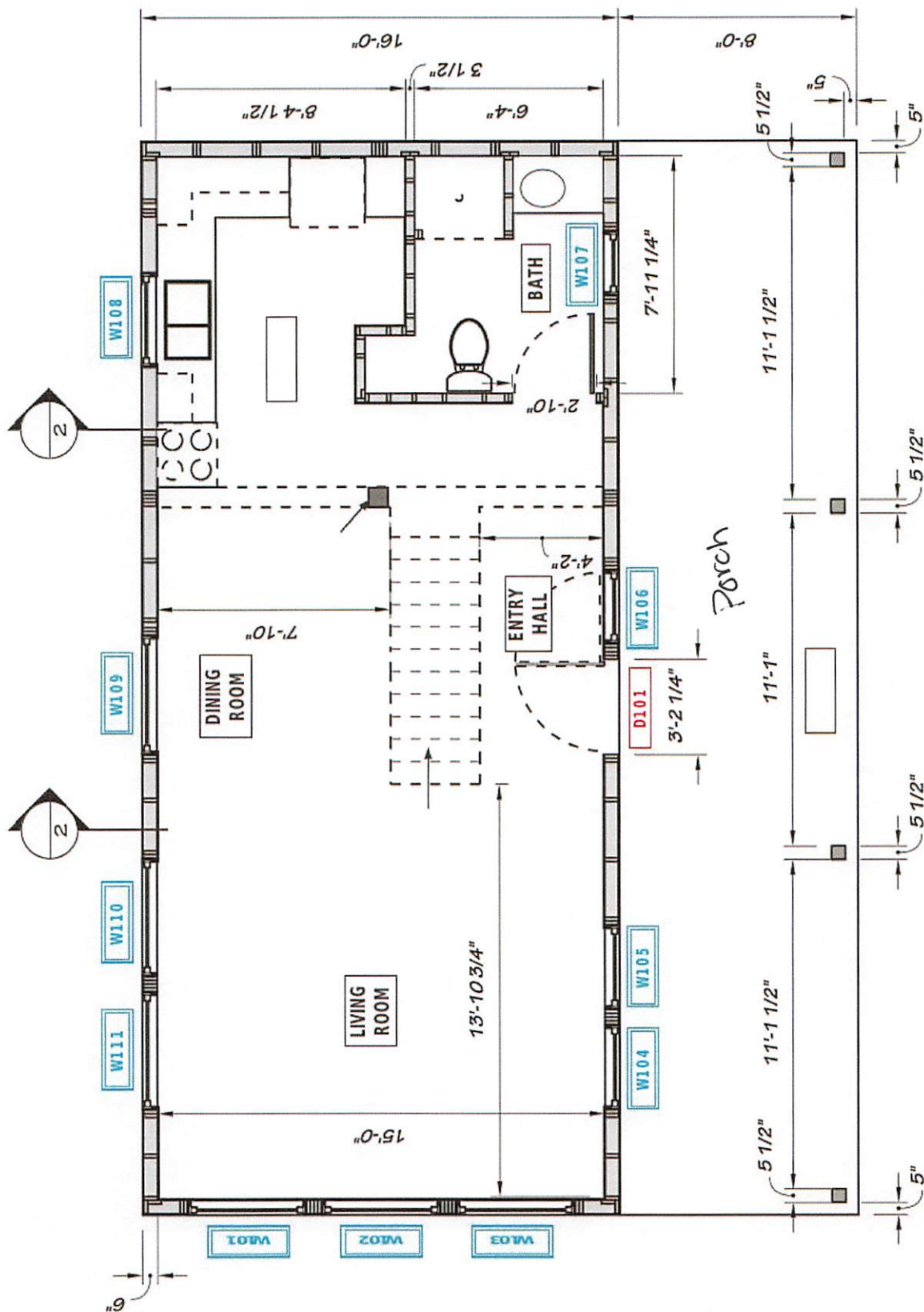
9/26/2022, 12:57:29 PM

1:3,473

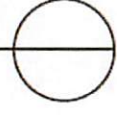
A = Areas with a 1% annual chance of flooding and 26% chance of flooding over the life of a 30 yr. mortgage.

Bayfield County Land Records Department

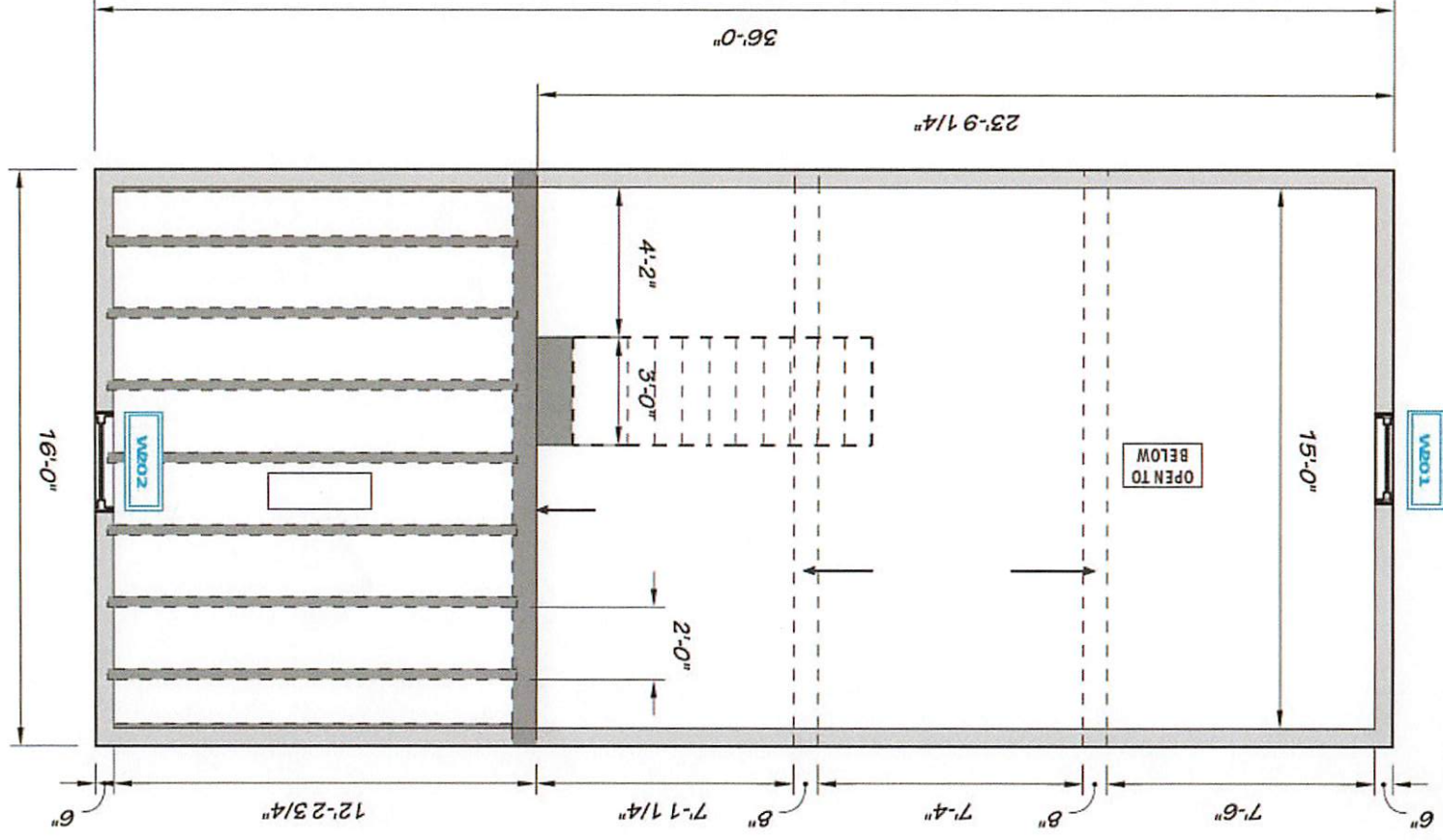
Bayfield County Zoning Application
<https://maps.bayfieldcounty.wi.gov/ZoningWAB/>



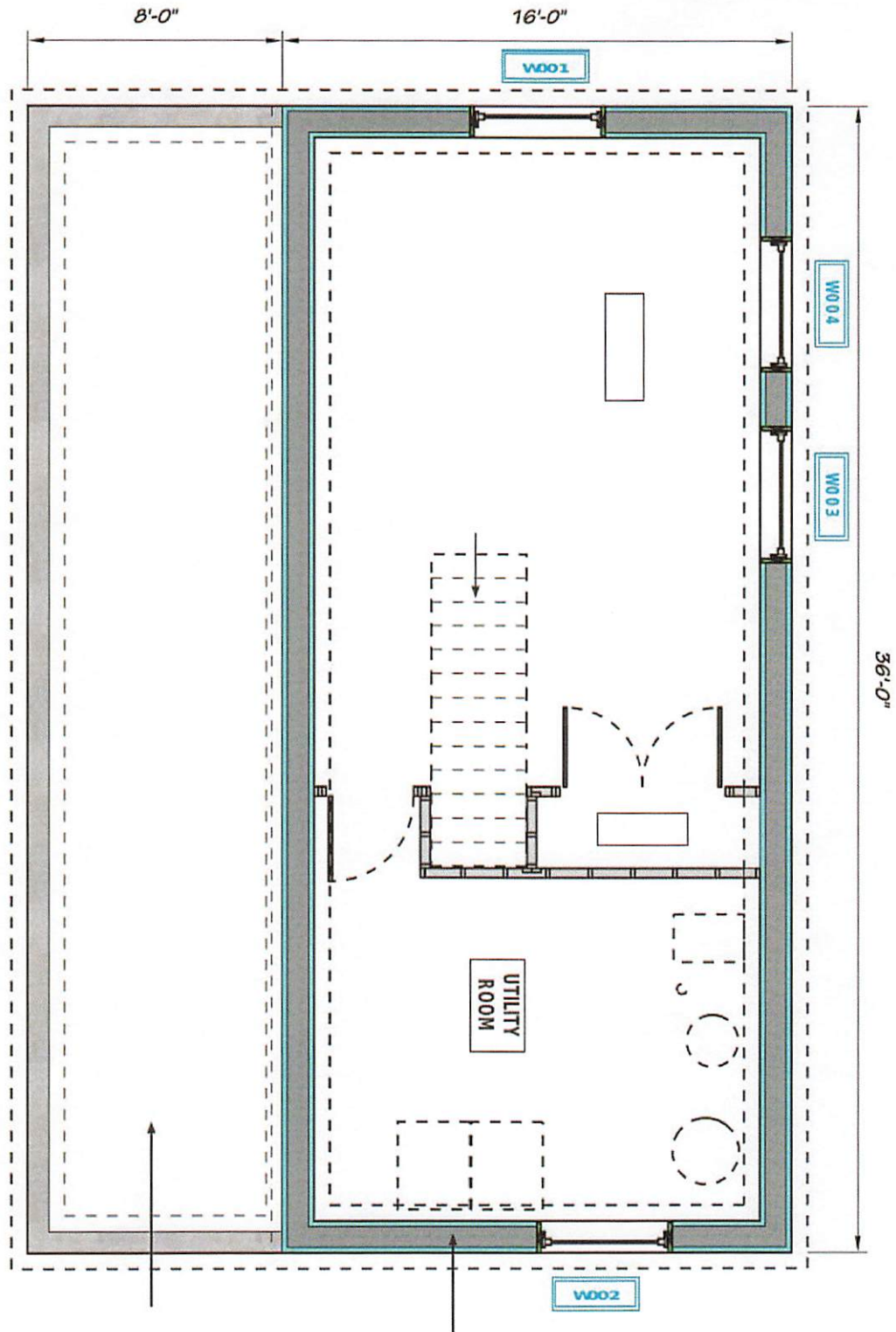
1st Floor

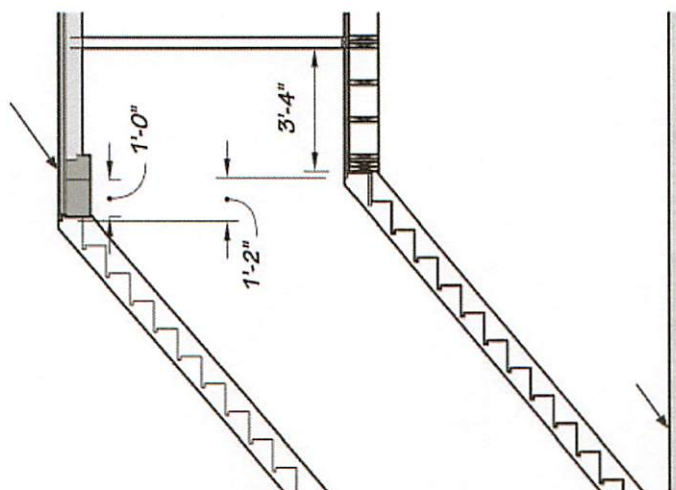
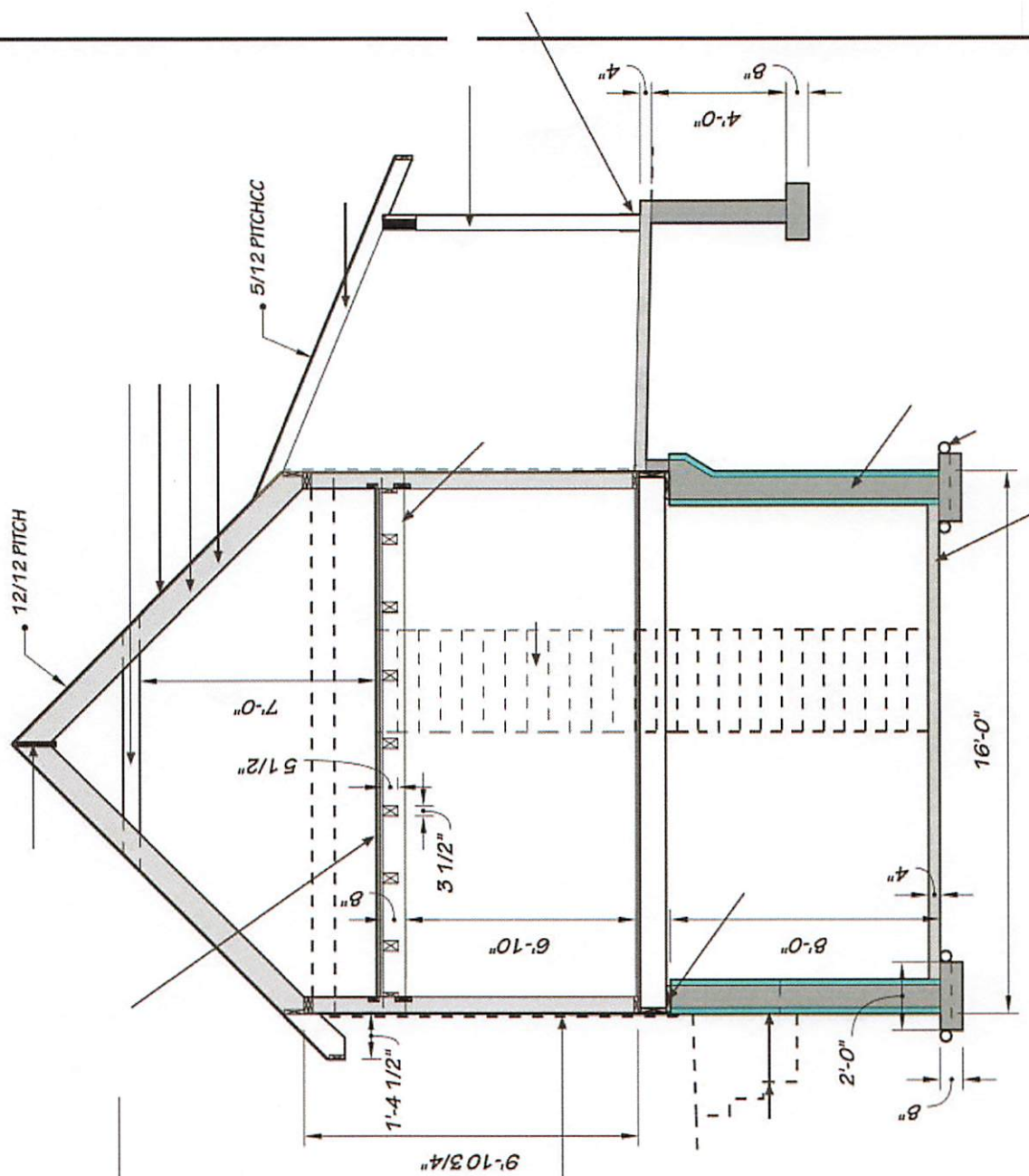


Loft



Basement





Description		Updated: 3/15/2018
Tax ID:	22825	
PIN:	04-030-2-45-05-22-4 03-000-10000	
Legacy PIN:	030104407000	
Map ID:		
Municipality:	(030) TOWN OF LINCOLN	
STR:	S22 T45N R05W	
Description:	SW SE LESS STRIP OF LAND ON W SIDE IN DOC 2017R-569531	
Recorded Acres:	39.000	
Calculated Acres:	39.862	
Lottery Claims:	0	
First Dollar:	No	
Zoning:	(F-1) Forestry-1	
ESN:	121	


Tax Districts		Updated: 3/15/2006
	STATE	
04	COUNTY	
030	TOWN OF LINCOLN	
041491	SCHL-DRUMMOND	
001700	TECHNICAL COLLEGE	

Recorded Documents		Updated: 3/15/2006
WARRANTY DEED		
Date Recorded: 8/11/2017	2017R-569531	
CONVERSION		
Date Recorded:	617-13;681-253	

Ownership		Updated: 3/15/2018
JOSEPH P HAMILTON		GRAFTON WI

Billing Address:	Mailing Address:
JOSEPH P HAMILTON 1103 CLAEM CT GRAFTON WI 53024	JOSEPH P HAMILTON 1103 CLAEM CT GRAFTON WI 53024

Site Address * indicates Private Road	
28706 E ALTAMONT RD	MASON 54856



Property Assessment

Updated: 4/30/2014

2022 Assessment Detail			
Code	Acres	Land	Imp.
G5-UNDEVELOPED	5.000	4,300	0
G6-PRODUCTIVE FOREST	34.000	44,200	0

2-Year Comparison	2021	2022	Change
Land:	48,500	48,500	0.0%
Improved:	0	0	0.0%
Total:	48,500	48,500	0.0%

Property History	
N/A	

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **22-156S**
SIGN –
SPECIAL (TBA) – **(Town of Lincoln-10/26/2022)**
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0312** Tax ID: **22825** Issued To: **Joseph Hamilton**

Location: **SW** ¼ of **SE** ¼ Section **22** Township **45** N. Range **5** W. Town of **Lincoln**
Less strip of land on W side in Doc 2017R-569531

Gov't Lot	Lot	Block	Subdivision	CSM#
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Residential Structure in F-1 zoning district

For: **[1- Story w/Loft): Residence with Basement (36' x 16'); Loft (36' x 16'); Porch (32' x 8');
at a Height of 18'.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must meet and maintain all setbacks including eaves and overhangs. Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Town/State/DNR permits may be required.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Mckenzie Slack, AZA

Authorized Issuing Official

November 18, 2022

Date